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About our cover . . .

Family life in Korea. Twenty-sixth in a series of Journal covers on family life . . . United Nations photograph courtesy of American Relief for Korea.

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*Ellis F. White, Ed.D.
Director of Education
American Social Hygiene Association*

Three cheers for those who try!

What do parents hope for and teachers aim toward at the beginning of every school year? Probably all agree that by next summer boys and girls should be able to read more easily and more widely . . . know more about mathematics . . . write more lucidly and more legibly. They hope their children will know more about the glorious history of our country, about democracy and the meaning of freedom.

Certainly they hope somewhat vaguely, but sincerely, that during this process of learning facts and skills children will become stronger morally and spiritually and better able to adjust to today's complex civilization.

All parents and teachers do not agree about how to help a child develop these intangible qualities. But so long as a parent hands over to a teacher these more personal aspects of his child's life and education, and the teacher in turn declares such matters to be the responsibility of the parent . . . the child will be learning subject matter in a vacuum. Knowledge and skills are important . . . but they're not enough for a good life. The boy or girl whose parents and teachers work together in creating opportunities, at home and at school, that help him understand himself and his function in his family and in the world is going to be happier, healthier and better adjusted.

Yes, it takes work . . . it takes much careful planning to integrate successfully the important aspects of education for personal and family living into the school's curriculum and the home's activities. Good materials are available to the parents and teachers who want to use them. Three cheers for those who take the time to try!

Books and pamphlets in family life education



Dr. Milton Levine finds adolescents naturally resistant to parents, prone to misinterpret simple discussion as criticism. Let them get their books from an outside source, says he, and why not use a super novel as a medium?

The sex education of children is always a difficult problem for parents. In discussing this subject with their children most parents are not only inhibited by their own upbringing, but they face further complicating circumstances. The needs and interests of the children vary as they grow older and the child-parent relationships also change.

The pre-school child brings questions freely to his father or mother and expects a prompt and accurate answer. The school-age child usually asks fewer questions, but will still come to his parents unless he has learned that they resist such questions or give inadequate or incorrect answers.

The adolescent presents a much more difficult problem in sex education. He is at a stage of development when normally he is secretive and resistant to his parents. Simple discussions by his father or mother are taken as lectures and criticisms, and are resented forcefully. And in his desire to appear grown-up and feel grown-up, he hides his concern and lack of knowledge under the cover of "You don't have to tell me. I know all that already."

But unfortunately adolescents *don't* know "all that already," in spite of numerous discussions with their friends and acquaintances.

A little knowledge

It is true that most adolescents know that a baby develops within its mother's body, and they probably know how a baby is born. Comparatively few of them know the father's part in procreation, and none of them, as they enter their teens, can possibly know, much less understand, the sex urges, sex desires and sex passions which they are to experience.

Almost every parent wants his child to know that these sex impulses are normal. But we also want our children to know when and how they can control these impulses and why they must control them.

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Carol Levine knocks the props from under "helpful" books for teen-agers with their "Sam and Sally" dialogues, likes relaxed parents who can answer a question without reaching for a book, thinks lulls in conversation are comfortable things.



Father and daughter write independently and agree—almost

Books play an important role in the life of every person in our modern civilization. Their subjects extend from trips to Arabia, to the phases of the moon, to adolescents and sex.

Many books are being published today on sex and sex relationships. Those I have read on the "facts of life" from a biological point of view are basically good, but those which try to give hints to "teen-agers" are detestable . . . at least all those I've come in contact with.

To me, the word teen-ager carries with it a lot of unpleasant and often untrue connotations, such as clumsy, spiteful, gawky. I don't think there is a really good word to express this in-between period from childhood to adulthood. Adolescent is better than teen-ager, at any rate.

These so-called "helpful" books seem very ironical to me. Some of the advice, which could be good, is written in dialogue form, implying memorization before the reader goes out on a date. For instance, they give advice on how to act on a date. Do they say, "Act informal, be yourself, make conversation naturally"—or something like this? No. They say, "Sam: 'Isn't it nice out here?' Sally: 'Yes, the air is cool. Do you like baseball?'"

They tell you to bat the conversation around so that it centers mainly on your date, and that every answer should hold a question with it so there shouldn't be a lull in conversation. I think a lull in conversation can say a lot more than meaningless chatter . . . after all, a lull isn't always uncomfortable.

Those books that do give good advice often overstep themselves and finish up in what I think is a very corny "Sam and Sally" method.

Pamphlets are more compact and generally stick more to facts, omitting the "hearts and flowers" many books have.

Books and pamphlets should be used to get facts from, rather than to

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*The toddler looks
first to his parents for
the answer to his questions.*



Very few parents are able to discuss these problems with their teen-age sons and daughters . . . and still fewer adolescent children are willing to discuss these subjects with their parents.

It is obvious then that if we wish to give our children this important information in the right way it must in most instances come from pamphlets and books on the subject or from some outside source the children respect . . . such as a teacher, physician or minister.

Let's read

There are a number of excellent books and pamphlets approaching the subject from various angles. As an example one might note the following titles of pamphlets for the adolescent: *Understanding Sex, So You Think It's Love, Dating Days, Dating "Do's and Don'ts" for Girls, Growing Up Socially, Looking Ahead to Marriage, How to Live with Parents, Petting Wise or Otherwise?* and *Dates and Dating*.

These are titles which should be of great interest to all teen-agers and should be available to them. Parents might give them to adolescent children—but parents should not be too surprised nor upset if their youngsters put the books or pamphlets aside unused. This is to be expected in a great many homes, where adolescents are expressing their usual resistance to parental direction and interference.

It follows that these books and pamphlets should be placed in reading-rooms and libraries where teen-agers can read them as they desire without the knowledge of the parents. Teachers, Scout leaders, club directors or others outside the home—whom the children have confidence in and whose judgment they respect—could also give boys and girls these materials.

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prove facts with. At home an argument comes up, and Mamma says to Papa that adolescents always argue, and then goes to the bookshelf and gets a book to prove what she says is true. Does this book do the proving? Certainly not in the midst of a heated argument.

When the criticism isn't personal

But if a pamphlet is handed out in school, or in a recreation center, the whole situation changes. A lot of pamphlets have a note of criticism in their titles, such as *Learning How to Improve Your Personality*. Maybe it's that at home the title pertains only to you, and suddenly becomes very personal . . . or maybe it's just that it's a lot easier to accept criticism in a group than singly at home.

I think biology and human relations courses in school are very important. These should start at about the age of 11, when there should be a biological course that has just the necessary preparatory facts that will help these pre-adolescent children understand "growing up."

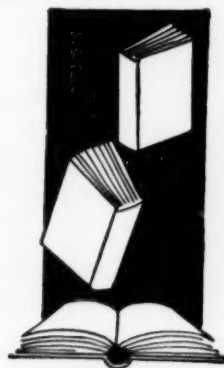
Of course sex should also be brought up in the home, but many parents seem to think the word is taboo. Parents don't seem to realize that at times it's almost as hard for the child to ask a question as it is for them to answer it.

It would be nice to think that every home had informal, relaxed parents in it, ones who could talk about everything and anything with their children. If one of the offspring wants to read the facts in a book—fine. But if he asks a direct question, he will appreciate the information much more if it is answered directly and without the use of an "answer book."

A word about courses

School courses are important mainly to tell those children whose parents haven't yet told them about life. It's better to hear it in school than in a

*Books that give "hints to
teen-agers" are detestable!*



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Parents should not feel that the adolescent doesn't want this information nor that it is being forced on him against his wishes . . . for all boys and girls of this age level have numerous questions and look for aid in their solution. Children often consider these questions too personal to mention directly to parents or others. They may associate them with a certain amount of guilt, which may be readily relieved by proper information.

The novel as a medium

In a recent discussion with a group of adolescents on their attitudes they suggested that much more might be gained if novels and stories for teen-agers contained the information they need. They thought most books and pamphlets were too much like lectures on do's and don'ts for teen-agers. In their opinion if this same information were presented in the course of a story it would be more acceptable, for they would not only find interest in the story but would identify with the fictitious adolescent who meets the various problems.

If such a book were to be written it would have to be of high quality to merit a large audience and to be included in a list of school reading.

This would be one further approach to the personal education of the teen-ager. It would not take the place of nor supersede books and pamphlets, for these deal more specifically with situations encountered by adolescents. They should still be available for easy reference whenever needed.

A place for books

To expect the adolescent to bring his problems to his parents is generally not realistic . . . to expect him to be completely satisfied after a discussion with a physician, Scout leader, minister or teacher is to expect the impossible. Books and pamphlets attractively presented in a style neither condescending nor preachy—and placed where they may be privately and easily accessible—are among the most important agents in the education and adjustment of the adolescent child.

A native of Spokane, he received his M.D. from Cornell University Medical College, where he is assistant professor of pediatrics. Author of A Baby Is Born, sculptor, musician, father of two girls.

Milton I. Levine, M.D.

A 15-year-old high school junior, she has lived in New York City all her life. Likes children, square dancing, camping, ceramics and the viola.

Carol Levine

distorted fashion from friends who aren't even sure what they're talking about themselves.

In high school, it is necessary to go into the subject more thoroughly. The courses should be fairly informal, and each topic in which there is any discrepancy should be thoroughly discussed.

Films often provide clear definitions of things. Most of those I have seen are good, but a few have strayed from biology in trying to make the presentation appear "cute."

A teacher who gives his point of view and thinks that only it can be right, is often disliked by his class. Of course, there are some things that aren't debatable, such as how babies are born, or how many chromosomes there are to a human gene. But other topics—such as adolescent behavior—in one way or another hold more than one point of view and are worth discussing. Often personal problems are interesting topics for discussion, especially those which are of mutual interest to both sexes. And I think both sexes should discuss these subjects in mixed groups.

These courses are stimulating and worthwhile, and if they don't do anything else they answer the direct questions that pamphlets and books can't answer.

Another point that I think has to be brought in here is the companionship

*When schools give out books
there's no stigma attached.*





*But it's the
human element
that counts.*

of a counselor, teacher or just an older person, a person who is capable of giving advice, and with whom one has a close enough relationship so that he can talk about almost anything. Some of the things discussed might be much harder to accept from parents, especially if the discussion takes place in front of a brother or sister who is younger and just at the age when teasing is the best weapon in an argument. I feel that it's just so important to have a companion of some sort, who isn't a member of the immediate family and who can act as mediator, critic, complimenter and adviser on those things that are just impossible to discuss with or accept from parents.

Each to his taste

How much more there is to say on this all-over subject, I can't say. Each individual meets different people, and different circumstances. From these varied surroundings he can pick the various outlets that his personality needs. Many other people—a club leader, a clergyman, or maybe an uncle who's young enough to be modern in his approach to life—can and do help guide adolescents.

I think for most people the human element of guiding is much more important than the use of books and pamphlets, but in a lot of cases the latter are also important.

Whoever, wherever or whatever it is, there should be in the life of every growing person something or someone who answers the questions that bother maturing minds.

Catholic marriage forums in New York City

where religion, experience and medicine join hands

by Francis P. Mestice, M.D.

"Please keep up these marriage forums. I can't say enough in praise of them."

"The forum was terrific."

"The forum was helpful and I was able to learn many things."

"If it wasn't for the forum I don't know what I would have done."

These are a few typical reactions from the 26,240 young men and women who have attended marriage forums conducted throughout the Archdiocese of New York during the last five years.

The purpose of the marriage forum is to present in a positive, reasonable, practical manner the Catholic Church's teaching on sex, love, courtship and marriage. The thousands of young people who have participated in the forums came with a genuine desire to learn. Although they acquire new information and straighten out garbled impressions the ultimate objective is the formation of a positive attitude toward marriage.

Who attend?

The primary purpose of the forums is the remote preparation of young people 18 and over to assume the responsibility of marriage. Those already engaged come too, however, and the married take in the forums as well, either as a refresher course or as a source of reliable answers to current problems in their marriage. Non-Catholics, who are cordially invited, eagerly come and are favorably impressed.

Three youth-serving agencies in the Archdiocese of New York, the Confraternity of Christian Doctrine, the Catholic Youth Organization and the Catholic Charities Guidance Institute have joined forces in this venture. The alliance of these three organizations, significant in itself, arose from a solid conviction that the separate efforts of each were severely conditioned by the stability of family life within the Archdiocese of New York.

The forums are held in various areas, and thus far 25 areas—both rural and urban—have been covered, with an average attendance of from 200 to 800 young people.

The forum consists of three sessions on three successive weeks. Sessions for men and women are held simultaneously but separately, primarily because

of the difference in attitude of the young women as compared to that of the young men, which is demonstrated particularly by their questions. (The men are inclined to be matter-of-fact, almost calculating in their approach. The young women, on the other hand, are more idealistic.) Forum speakers have agreed that it would be practically impossible to reach and benefit a mixed audience as well as a segregated.

Priest, laymen and doctor

The opening talk—by a priest—considers sex, love, courtship and marriage from a positive point of view and includes an exposition of what is meant by the vocation of marriage, the nature, purposes, qualities of the marriage contract, and the obligations of the married state. The “talking down to,” “take it or leave it” approach is studiously avoided and a reasonable, logical “here’s why” method of presentation is employed. The speaker gives some practical considerations in preparation for marriage and concludes with a consideration of marriage as a vocation.

The second session is called “The Voice of Experience.” Two married people present Christian principles in action in their own marriages. Quite literally they share their lives and hearts with their young audience. They discuss finding and choosing a life partner, courtship, preparation for marriage as a career, necessary adjustments in the first year of marriage, and such down-to-earth questions as getting along with in-laws and shopping to get the most for each inflated dollar. They cover the adjustments that are necessary with the arrival of the first child and their responsibilities as parents . . . and give practical hints for getting the most out of the job of being a parent. Within the broad framework of these topics each lay speaker develops the subject in his own way, drawing heavily from his own experience.

In the third and final session a doctor discusses marriage from a physical and psychological point of view . . .

- Choice of partner.
- Optimum age for marriage.
- Psychological differences between the sexes.
- Emotional content of everyday married life.

With dignity and prudence he points out frankly and scientifically the physical and psychic positives of moral sex life. He stresses the importance of proper and competent premarital medical advice. He gives some attention to pregnancy and to abortion and contraception from the medical point of view.

His talk is not sex instruction in the usual sense, since this subject is considered to be reserved for the privacy of the doctor’s office. He does, however, emphasize strongly the sublime place of sex in marriage and the



fulfillment of womanhood which is motherhood. Finally he demonstrates that there is no real quarrel between medical science and religious principles in regard to marriage.

Who are the speakers? The priests are most frequently moral theologians from seminary faculties and the ecclesiastical marriage tribunal.

The selection of the lay speakers is more difficult. "Mr. and Mrs. Big" are definitely excluded because their prominence or wealth could give the impression at least that they are not typical and could occasion the reaction—"It's easy enough for the likes of them." People of moderate means and no prominence save that of successful, happy marriage are selected. Among them are a policeman, a school administrator, an insurance salesman and a lawyer, to mention a few.

The women are generally college graduates and all are homemakers. Their appearance is proof positive that motherhood and attractiveness are not mutually exclusive. One of them is the proud mother of eight redheads; another had four children of her own and then adopted four others. These women particularly can answer with honest authority any question about limiting the size of a family.

The doctors, carefully selected, include obstetricians, gynecologists and psychiatrists.

A question period

At each session the formal talk is followed by a brief intermission during which the young people submit their questions in writing. And question they do! Written questions provide anonymity, do away with embarrassment, and save time, since experience proves that the young people's questions fall into much the same categories at each forum.

The question period is, as would be expected, the liveliest part of the evening. Speaker and audience alike welcome the humorous twist or the



Marriage—a sacrament, a vocation, a contract.

reaffirmation of previously discussed subjects. No matter what type of neighborhoods is represented the questions run much the same.

The priest is naturally asked many moral questions. The questions asked of the lay people vary considerably but always include several about limiting the size of a family because of economic conditions, nights off, working wives . . . and most of all from the girls—"How do you know when you're in love?" The position of husband and wife in regard to finances and managing the home is a popular issue, too.

The lay speakers give their personal opinion on the practicability of the many and varied theories of child-rearing. Military service as a concern of both the young men and women often governs the kind of questions they ask.

The doctor is always asked about the legend that Catholic doctors are bound to save the life of the child in preference to the life of the mother, particularly in Catholic hospitals. This and other old wives' tales are properly exploded by the doctor during the question period. Frequent questions arise about so-called dangerous pregnancies as well as the practicability of the rhythm method. These and other medical questions are answered by the doctor in a thoroughly scientific and straightforward manner. Time and time again the conclusion that the Catholic Church and sound medical science are in complete agreement is the result of the questions most frequently asked.

Appropriate books and pamphlets are on sale during the forums, and the participants are encouraged to buy at least one publication as a resource to refer to in the future. Again the response has been more than satisfactory.

At the conclusion of each forum a questionnaire sounds out the reaction of the young people. Some of the responses are—

- "Subjects not covered satisfactorily."
- "Did not understand the medical terms."
- "You ducked working after marriage."
- "How do you stop your five-year-old from cussing?"
- "How can I get a man?"

On the other hand, there are responses such as—

- "Grateful for the chance to attend."
- "Everything satisfactory and straight to the point."
- "You don't evade the issue of marriage but hit directly on the subject, keeping me interested every minute."

A link in the chain

Marriage forums are not a cure-all nor the final solution to all the ills that beset our social institutions, particularly the family. However, they have been at least one small step in the direction recommended by the Catholic bishops of the United States in their 1949 statement that "study groups concerned with the preparation for family life should be widely encouraged and zealously promoted throughout our country." An attempt has been made to fulfill the desire expressed by Pope Pius XI in his encyclical on Christian marriage "that all may be thoroughly acquainted with sound teaching concerning marriage."

Ever mindful that preparation for married life is a process that begins in childhood and continues into young adulthood, these forums are presented as an additional help and bulwark to the young men and women of New York who fundamentally want to do a good job as marriage partners and parents.

*Yonkers (N. Y.) obstetrician on military leave.
Pioneered in marriage forums and participated in
college courses on preparation for marriage.*

Francis P. Mestice, M.D.





Wisconsin educates for health

by Philip Dykstra

Why has illegitimacy in Wisconsin decreased over 18% during the last 15 years while our neighboring states averaged a 2% increase?

Why does Wisconsin have one of the lowest venereal disease rates in the United States?

Why has Wisconsin had one of the lowest records on divorce rates during the last 15 years?

These were questions that deserved answering early in 1953 when we made a study of illegitimacy, divorce and venereal disease rates in Wisconsin. In each case the answer, it seems to us, is the same . . . a long-range, planned program of sex education, begun 30 years ago and carried on successfully right through years of depression and war up to the present time. The program has changed through the years, of course, as we have increasingly concentrated on encouraging local programs in schools, parent groups and civic organizations, and decreased emphasis on state services.

Since early in the 1920's Wisconsin has had two, three and sometimes four public health educators working full-time on social hygiene. They have traveled thousands of miles each month, met with scores of parent, school

and community groups, and discussed sex education and family living with hundreds of thousands of pre-adolescents and adolescents. Their efforts, we feel, have paid off in the wholesome sex attitudes and habits of many residents of our state. These improved attitudes and habits form an important part of health . . . that state of "complete physical, mental and social well-being—not merely the absence of disease or infirmity."

Even if our goals were limited merely to the eradication of the physical ravages of the venereal diseases, we would still be justified in carrying on our education program. But today, with the growing concern for the mental, social and emotional welfare of society, our activities in sex education become even more important. The objective has become three-fold—social, mental and physical.

I base my observations about the health educator's role in sex education on my experiences with the Wisconsin State Board of Health. What we have achieved may not be achieved in other states . . . what techniques we have used may fail for others . . . and what problems we have faced may not trouble others in the least. But they may point up our pitfalls and obstacles to others.

Basic concepts

Let's look first at some general health education concepts. We believe that sex education stands in the same relation to health today as did sanitation and isolation to the control of yesterday's major health problems. Health education is a matter of using modern philosophy and teaching techniques to attack problems which cannot be stopped by building a plant, giving a "shot" or passing an ordinance. We can solve our social hygiene problems only by widespread understanding and individual action.

In dealing with any health problem, social hygiene included, the health educator must remember he is part of a team. Public health physicians, nurses, engineers and sanitarians all join the fight and contribute immeasurably to the success of any public health program. The contributions of a person with formal training in education also are readily apparent.

Educators are not needed to distribute pamphlets, articles or films. They should use these no more than any other member of the public health team. But educators, as consultants, can help make any sex education program effective by systematically using sound educational methods and procedures.

Health education is effective only to the extent that it motivates people to *act*. Knowledge itself is not enough . . . if it were, no doctor nor nurse would die of any disease that could be prevented or cured. When we know what to do, *and do it*, we enjoy the greatest possible security of continued good health.

Keeping these basic principles in mind, health educators in Wisconsin have developed a social hygiene program on two premises. . . .

- That sex education is a small but important part of education for family living and parent training.
- That sex education is best done by the home first, with the help of the church, the school and the rest of the community.

This has always been our belief, practically our creed: Parents are the child's first and best sex educators.

But parents need help in this important phase of their child's guidance—more so today perhaps than ever before. Now the child leaves the home when he is five or six and spends most of his waking hours outside the home. Other community agencies must continually supplement home training.

Thus, the role of the health educator is to serve in an advisory capacity and to encourage community agencies to develop local programs. Quite naturally, his services take different forms in various communities.

In the schools

There is still a need, we find, for outside lectures in sex education. Since the early 1920's, boys and girls in junior and senior high schools throughout our state have heard lectures on sex education. While we now feel that a year-round program in each school is more effective, we cannot break 30 years' tradition overnight, and so we still offer our lecture service to the schools.

In a school that has a program of social hygiene education, we try to encourage a fresh approach and a different interpretation of the subject. In a school where the nature of the subject, a rapid turnover of teachers, or some other factor has resulted in little or no concerted effort in sex education, we offer a wholesome approach to a subject previously considered taboo. Often this is the only wholesome discussion of sex these young people have ever received. In our discussions we do not attempt to overwhelm them with information. Instead we try to develop wholesome attitudes towards sex.

Work with administrators and teachers also receives a high priority in a health educator's social hygiene work. In Wisconsin we constantly meet with individual teachers or groups of teachers to encourage them to include more sex education within their particular curriculum field—not treat it as a separate subject. They are urged to discuss problems realistically with their pupils . . . and whenever the opportunity arises.

In the overall school program we suggest incidental education on the elementary level and integrated information in the junior and senior high years, followed by a regular semester course on family life education in the 12th grade. This course should include some discussion on the important role sex plays in family living. We also urge a realistic personal guidance program for every school as a most important part of social hygiene education.

*Native of North Dakota, Hope College alumnus,
former teacher and social hygiene worker.
Now health education director of Wisconsin's State Board
of Health. Father of three, vigorous PTA officer.*

Philip Dykstra



Meetings with adult groups are another important part of any state-wide sex education program. Study clubs, discussion groups and other organizations often stimulate community-wide efforts for more wholesome and adequate sex education. Here too health educators properly serve as resources, not as leaders of community action; to be effective the stimulus and desire must come from the community.

Continuous review and survey of current social hygiene pamphlets, books and visual aids is another service we on the state level perform for interested individuals and groups. In Wisconsin we make samples of the better materials available to residents of the state on request. Our health materials library contains over 30 social hygiene pamphlet titles, including many published by the American Social Hygiene Association. Our visual aids library has 41 sex education films, filmstrips and recordings. Several prints of many titles are available. Almost 1,500 groups in Wisconsin viewed at least one of these visual aids last year.

The health educator's activities in sex education should *not* include case work. Most of us are not trained for it. We should make appropriate local referrals to the school principal or superintendent if a pupil is involved, or to a case work agency or child guidance center.

To be effective, the health educator must also coordinate his efforts by cooperating with related state agencies. We in Wisconsin have worked closely with the State Committee on Family Life Education, the State Department of Public Instruction, the State Department of Public Welfare, the University of Wisconsin's extension division, and the Wisconsin Congress of Parents and Teachers, to name but a few. Each has contributed immeasurably to the success of our state's social hygiene program.

We still have problems to solve. Chief among them is the need for encouraging school administrators and teachers to integrate sex instruction into their curricula where it most naturally and logically should be. Reactions to these suggestions are varied. Some say, "Our teachers are unprepared to handle the subject, and even if they were prepared, they don't have the personality to put it across." Others protest, "That's dynamite. This town would never stand for our teachers discussing that subject."

Our position is this: Granted that few teachers are adequately prepared to handle the subject; granted that our teacher-training institutions are perhaps not adequately preparing them; and granted that many teachers could use materials and aids to assist them, still . . . any person mature enough to discuss the subject in a normal and natural manner, without choking up and sputtering, as sex comes up bit by bit in routine classroom situations, is a far better source of information than the street-corner, alley or gutter.

And the opposition

What about the supposed objections from the church and home? These have been vastly over-emphasized, we find. When church leaders understand the modern theories of sex education—that we are not advocating a separate course *per se* but rather integration within the established curriculum; that we are including sex as a small but important part of family life education; and that we advocate taking no stand on the problems of birth control or divorce—then they are usually most cooperative. As for the parents, they are usually the first to admit they want help in handling this phase of their child's guidance and they welcome the aid of community agencies.

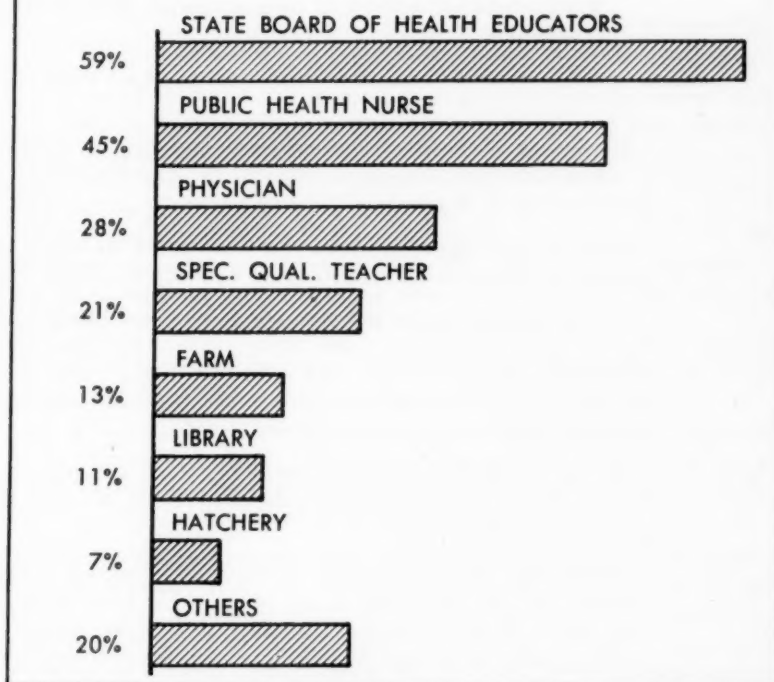
This then is Wisconsin's program. Has all this activity produced results? Has sex education been generally accepted in Wisconsin's schools and communities? Can any tangible evidences of its success be produced?

So far as the acceptance of sex education in our schools is concerned, we find an answer in the results of a survey conducted by Dr. Warren H. Southworth of the University of Wisconsin's School of Education in 1950. We quote from his *A Study in the Area of Family Life Education—The Nature of Sex Education in Wisconsin Secondary Schools* (to be published).

"In the spring of the academic year 1949-1950 a questionnaire (concerning the status of sex education in Wisconsin high schools) . . . was sent to all of the 498 public high schools (in Wisconsin). . . . A total of 404 principals (81% of the 498) responded with information from their respective schools. Only 14 of the returned questionnaires had to be discarded for incompleteness or failure to follow directions, which left a total of 390 questionnaires for analysis in this study.

". . . A careful study (of the returns) reveals that a great majority of Wisconsin high schools are offering some instruction in sex education. In fact, only one questionnaire was returned with the notation, 'We provide no sex education in our high school curriculum.' Only eight high schools (about 2.5%) indicated that sex education is presented through a special course. All the rest of the 390 high schools from which questionnaires were received included this subject as incidental or integrated units in such curriculum areas as science, social studies, home economics and physical education.

RESOURCES USED IN SEX EDUCATION by Wisconsin High Schools, 1950



Data from Dr. Southworth's study

"... The resources used in the sex education program (in Wisconsin) are many and varied."

Note that over half the schools listed health educators as their most helpful resource. Add to this the fact that health educators work closely with a number of the other people and agencies listed as resources by the schools—public health nurses, physicians, health and guidance teachers and libraries. Thus it becomes apparent that health educators are among the most helpful resources in social hygiene efforts in Wisconsin.

Another survey, conducted in 1951 by Ralph Kuhli, former state social hygiene chairman for the Wisconsin Congress of Parents and Teachers, gives us some indication of the social hygiene activities taking place in the communities of our state. One hundred sixty local PTA groups replied to questions about their social hygiene activities during the year.

- 42% of the PTA's reported that they devoted at least one of their regular monthly meetings to a discussion of local social hygiene problems.
- 52% previewed and discussed at least one sex education film.
- 8% conducted a series of community-wide study conferences on sex education.
- 6% reported buying and donating books on sex to local libraries.

Considering all the other community-wide problems in which the PTA has an interest, we think this survey indicated the important place social hygiene programs have in Wisconsin's local communities.

There is other tangible evidence of the success of our state's social hygiene program in Wisconsin's low illegitimacy, divorce and venereal disease rates.

To minimize geographic and economic factors, we compared our rates with those of other states in our section of the country (Michigan, Illinois, Indiana, Minnesota, Iowa and Ohio). The comparison seems valid as Wisconsin is the only state of those listed which has had personnel devoting their entire time and efforts to state social hygiene activities.

During the last 15 years, while surrounding states were reporting an average increase of 2% in illegitimacy, and the nation a 7% decrease, *Wisconsin can point to an 18% decrease.*

During this same period, only South Dakota reported a decrease in its divorce rate. No state, however, in our area has a lower divorce rate than Wisconsin. While the midwest increased 26% in its divorce rate, and the nation reported an increase of 37%, *Wisconsin recorded only a 16% increase.*

Probably the most reliable figures concerning the venereal disease rates are those based on the first million selectees and volunteers for World War II. These figures show that while the midwest states listed above averaged 20.8 cases of syphilis per 1,000 inductees, Wisconsin averaged only 6.3 cases per 1,000. Only one state in the country, New Hampshire, reported a syphilis rate lower than Wisconsin's. Figures based on approximately the same number of inductees during the present mobilization surprisingly show a rate of only 1.1 cases of syphilis per 1,000 Wisconsin inductees.

Yes, we feel that Wisconsin's sex education program has brought results. We realize our efforts cannot take all the credit for these most encouraging results, but we do believe our activities have given impetus to much of the fine work individuals, schools and organizations are now doing throughout the state.

Does sex education really pay? In Wisconsin we think the record proves it does.

American Venereal Disease Control Problems

With emphasis on their epidemiology

by J. K. Shafer, M.D.

The value to the public of preventing sexual contact between a person infected with venereal disease and one not infected has long been recognized. Many people may be familiar with quarantine-like measures which try to control the infected person, or punitive measures like the Danish law of 1866 which provided that those who "practice sexual intercourse, knowing or supposing themselves to be infected, may be punished. . . ." In 1876, the president of the American Medical Association, taking cognizance of European measures against venereal disease, proposed a system of control in all the states, based upon the following points:

- Preventing the spread of disease by using measures that protect the well against the sick.
- Using legal methods of control in addition to treatment by empowering Boards of Health to place persons diagnosed as having venereal disease in hospitals for treatment . . . just as they are empowered to deal with cholera, yellow fever and similar infections.

Although the medical and public health professions slowly began to appreciate the need for a frontal attack on venereal disease, the next 40 years saw little accomplished in the United States toward a national anti-venereal disease program. A few of the more progressive states began to require the reporting of venereal disease during the first two decades of this century, but beyond these beginnings no advances were made toward an effective program until the first World War. By that time experience in controlling other epidemic diseases and in trying to establish active local health units increased to some extent our knowledge about the control of venereal disease.

By 1917

That venereal disease was a significant cause of rejection for military service brought home forcefully the need for steps toward the control of this group of infections. The United States Public Health Service drew up plans for making a start toward a national control program and urged state health officers to begin adopting the necessary measures. What is important to us is that in 1917, before any kind of national program existed, it was clearly recognized that in addition to diagnosing, reporting, quarantining and treating venereal infections it was necessary "to investigate the physical condition of people who have contact with known cases of syphilis."



Speed—a byword in case-finding

Thus by 1918, when a national venereal disease control program had its beginning in federal legislation, we acknowledged the need for breaking epidemiologic chains of venereal infection. It was well accepted that the patient who appeared in the physician's office or the public clinic was but one link in a chain whose length was unknown.

Yet for many reasons we were not ready to exploit our recognition that the patient at hand was our only connection with our total problem . . . the world of infected persons. For one thing, during the postwar years of the 1920's and into the next decade financial support for a national venereal disease control program was non-existent. For another, serious problems of diagnosis and treatment overshadowed our concern with epidemiology. There was also the vexing question of holding patients to the then unknown duration of arsenical therapy. With limited financial and personnel resources, we were necessarily restricted to dealing with problems of diagnosis, adequate treatment and case-holding.

There were other reasons besides those that were technical and administrative. First and most obvious was the natural unwillingness of patients to name their sexual contacts. And beyond that barrier lay the viewpoints and limitations of health workers. Then, as now, it was no great problem to investigate the sexual partner of the individual with syphilis if the partner happened to be a spouse. But we had a very profound reluctance to probe into the sexual life of the person with syphilis much beyond the marital tie, perhaps because further delving seemed an unwarranted invasion of personal rights.

The ostrich attitude

This reluctance was only one aspect of the national traditions and social attitudes which barred successful search for contacts. Unaware of the real character of the sexual behavior of most venereal disease patients, health workers ascribed the reticence of patients in naming contacts to a feeling of shame or to a *bona fide* inability to remember casual sex partners. These rationalizations, which impeded a realistic approach to VD epidemiology, protected the prejudice deep in most of us against the informer . . . the busybody who reveals damaging information about his associates, the man who boasts of his conquests.

Perhaps of more importance, they expressed a profound distaste for the idea that many persons among us had a large number of casual or promiscuous sexual contacts within a short period of time.

Meanwhile, psychiatry, psychology and sociology as well as medicine and public health were showing interest in the venereal disease patient. They began to ask questions:

- What type of person contracts venereal disease?
- What environment does he come from?
- Who are his companions?
- What is his educational background?
- How stable is his sexual pattern?
- What is his sexual pattern?

One fact which evolved from both experience and scientific study was that the person with venereal disease usually has a wide circle of sexual partners, some casual, some more or less permanent. Thus, it began to become quite clear that if the health worker asking for contacts does not know this pattern and is content with the naming of one or two contacts, he may miss the source of the infection as well as other contacts to whom the patient may have transmitted his disease. The importance of the patient as a lead into this wide circle of infections was unmistakable.

Our public health program of treatment would be, at best, a holding operation until we bolstered it with sound and vigorous epidemiologic practice and made it a true program of preventive medicine.

A nicely shaded vocabulary

Acceptance of this reality, however, was not the end of our difficulties. We had to develop a language which venereal disease control personnel could use with the sexually unrestricted. The terms used by venereal disease patients were local and idiomatic, sometimes coarse, often virtually unintelligible to outsiders. We had to find words that would not offend decency too greatly, yet would be understandable to the majority of the infected.

Moreover, delineation of the epidemiology of venereal disease is a complicated process. It deals with a complex chain of actions involving many different workers. An error at one point may negate the value of all previous effort. The difficulties become more and more intricate as exchange of epidemiologic information takes place between distant health jurisdictions. This exchange requires a high level of cooperation between our states, thousands of local health departments, health authorities of the Armed Services, Veterans Administration, hospitals and private physicians.

So it was that during its early years our program was relatively ineffective in finding the early case or in uncovering an individual's infected contacts. The bulk of our admissions to clinics, as cases of latent syphilis, had passed the point where treatment could prevent further transmission of infection. For the most part, our program was not reducing the number of new cases which would occur in the future but was merely treating individuals to prevent late disabling complications. In 1941 only 14.2% of the syphilis cases coming to treatment were in the lesion stage.

It was, therefore, painful experience—and not our natural inclinations—which led us to adopt our present epidemiologic practices. When we realized the need for preventing the transmission of infection we assigned top priority to the interviewing of all lesion cases of syphilis for their contacts, to finding these contacts, and to bringing them in for diagnosis and treatment before the disease was spread still farther.

The interview

How did we conduct our work in VD epidemiology? The first step is to interview the patient. It is difficult to describe in detail an interview because the technique varies with each patient. Then too our procedures, developed almost entirely from trial and error, may be partially or entirely inapplicable to the social attitudes in other countries.

I shall restrict myself, therefore, to some of the concepts underlying our activities in venereal disease epidemiology. One of the basic concepts is that any theoretical or *a priori* approach to contact-interviewing or tracing is actually injurious to the success of the program. Because venereal disease is so closely bound up with sexual behavior, theories and practices of interviewing developed for other communicable diseases would not, we believe, be entirely suitable for this program.

Furthermore, we realize that the variations in personality among venereal disease patients demand great flexibility and resourcefulness from the interviewer. We have to rely upon his perception of the kind of patient before him and the kind of approach to which that patient would respond. Consequently, rigid rules for interviewing are kept to a minimum.



Did the patient travel?

Another principle is that the interview is directed primarily toward obtaining the names and addresses of contacts. Education of the patient about the nature of his disease, alleviation of his personal or social problems, moral instruction and medical guidance . . . all these the interviewer weaves into the pattern of the interview as necessary to motivate the patient to name additional contacts or to increase the amount of identifying information. The interview is only one part of the service that a venereal disease control center provides, and the educational process, to be successful, must extend beyond the contact interview into other aspects of that service.

A third principle of our interviewing policy relates to the amount of suasion permitted. Naturally, the interviewer makes every effort to obtain the patient's voluntary cooperation, and devises every item of the interview pattern to make that voluntary cooperation inevitable. He never extends himself beyond the point of voluntary cooperation. He never employs intimidation nor threats of legal action, nor conceivably practicable tools like narco-hypnosis. Even use of the quarantine power is rare.

Futility of punishment

Over a period of time these compulsive methods are not effective. To a large extent venereal disease patients belong to a group whose members pass on to one another their experience in the control center. If they speak well of their experience, we may expect future cooperation. If they speak badly, we shall find ourselves confronting patients whose attitudes are completely uncooperative.

For the same reason, the interviewer assures the patient that his information is completely confidential under all circumstances. The interview itself takes place in complete privacy without interruptions.

Two other lessons learned from experience serve to guide the interview. One is that no matter how many contacts the patient names, the interviewer always assumes there are still others yet unnamed. The second is that he seeks homosexual contacts from male patients with the same energy as heterosexual. I might add parenthetically that we have yet to establish a valid instance where syphilis has been transmitted between females in a Lesbian relationship. Here again the experience of other countries may differ.

The interviewer's first step—and this is basic to a successful interview—is to establish a friendly but professional relationship with the patient, reflecting clear acceptance by the interviewer of the patient's sexual behavior. The second step reveals the patient's ability to remember the details of his recent

and remote past. The interviewer may praise the patient's memory in preparation for the point in the interview when he will use the patient's ability to recollect to establish the identity of his sex partners. Items of the patient's history not necessarily related to his sexual conduct are also useful in determining the extent of his mobility, particularly during the period when he might have acquired or transmitted his infection.

The interviewer learns about the patient's sexual habits, including frequency of exposure and number of partners, and the terms in which he describes his sexual activity—all indicative of what he may expect when he reaches the critical period of the patient's sexual life.

At this point the stage is set for the fruitful portion of the interview. Using inducements appropriate to the individual patient, the interviewer tries to obtain the names of all contacts in the critical period, beginning with the most recent and working back through the entire period when the patient and his sexual partners might have exchanged infections.

The form seems complex

Once the interviewer gets the maximum contact information it is recorded on a form for use by investigators in finding contacts and for the exchange of information between health departments. These forms have been continually revised as experience has indicated better ways and means of getting and transmitting more complete information.

The 5-part form (figure 1) presently furnished by the Public Health Service to its own hospitals, to the branches of the Armed Forces, and to the United

Figure 1. Venereal Disease Epidemiology Report Form

CONTACT'S LAST NAME		GIVEN NAMES (And Nicknames)		CONTACT'S ADDRESS (Include State)		No.B- 126607
DATE REPORTED	AGE	RACE	SEX	MARITAL STATUS	OTHER IDENTIFYING AND LOCATING INFORMATION (As Speech, Teeth, Physical defects, Place and house of employment, Hang-outs, Friends, Relatives, etc., be Specific)	
WEIGHT	SIZE	HAIR (Color, Style)	COMPLEXION (Skin Color)			
DATE OF LAST EXPOSURE		PLACE OF EXPOSURE (Establishment Name If Applicable)				
PLACE (And Hour) OF ENCOUNTER						
CONTACT REPORTED BY PATIENT WITH:				PINO		
<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Other VD				<input type="checkbox"/> Stage <input type="checkbox"/> Specify		
CONTACT'S RELATION TO PATIENT				INTERVIEWER'S NAME		
With or Without <input type="checkbox"/> Friend <input type="checkbox"/> Paid-up <input type="checkbox"/> No Fee <input type="checkbox"/> Other				<input type="checkbox"/> Specify		
(COMPLETE NAME)				(MAILING ADDRESS TO WHICH COMPLETED DISPOSITION IS TO BE SENT)		
REPORTING AGENCY		INVESTIGATING AGENCY		DISPOSITION		WORKER NO.
IF INFECTED ENTER DISEASE AND STAGE IN APPROPRIATE BOXES BELOW		DATE OF DISPOSITION		IF NOT INFECTED OR DIAGNOSIS NOT ESTABLISHED, CHECK BELOW		
CLINIC AND PATIENT NUMBER OR PRIVATE PHYSICIAN	DISEASE	STAGE		1. LOCATED - UNCOOPERATIVE (NOT EXAMINED)		
				2. NOT INFECTED		
				3. CANNOT LOCATE - REASON:		
				4. MOVED OUT OF JURISDICTION (Enter New Address On Reverse Side)		
				5. INSUFFICIENT INFORMATION TO BEGIN INVESTIGATION		
				6. EPIDEMIOLOGIC TREATMENT - SYPHILIS		
				7. EPIDEMIOLOGIC TREATMENT - GONORRHEA		
				8. OTHER - Specify		
Brought To Treatment (Previously Untreated This Infection)		2				
Returned To Treatment (Previously Treated This Infection)		3				
Under Treatment At The Time Of Investigation		4				
Previous Treatment Adequate		5				
Refused Treatment		6				
OTHER - Specify		7				

VENEREAL DISEASE EPIDEMIOLOGIC REPORT

Form Approved
Budget Bureau No. 48-5427.1

States Veterans Administration is fairly complex. The items of the form have emerged from consultation with our field investigators. We sent them a tentative draft of the form and requested criticisms and suggestions. On the basis of their replies, we included all items needed to enable investigators to find various kinds of sex contacts.

If the patient names a sex contact who lives within the jurisdiction of the health department which obtained the contact information, the routing of this form is quite simple and direct—into the hands of the local investigator. Often the interviewer himself may search out the contacts whose names he has elicited.

If the contact lives in an adjacent local health jurisdiction the telephone is usually the quickest and most efficient way to initiate case-finding action. If the contact lives in a different state, telegrams are permissible. By telephone or telegraph the interviewer passes along the information to the unit that will carry out the investigation. In such a case, the form follows through the mail, both to amplify the information forwarded by telephone or telegram and to serve as a control record. Return of the form not only assures the originating health department that the case has been adequately handled but also advises the state health department concerned that its program is functioning efficiently.

The investigator who goes out to find the contact must know his community and the groups of which the contacts are a part. He must know their hours of work and play, their haunts as well as their addresses, the focal points at which they congregate, and the persons who know them and whose leadership they respect. He must be discreet to avoid violations of confidentiality, tactful to

*The VD patient . . .
who is he?
where does he
come from?*



*University of Nebraska and Johns Hopkins alumnus.
Formerly medical officer of the U. S. Marine Hospital
on Ellis Island, and VD control officer for Michigan.
Now chief of the VD division, USPHS.*

James K. Shafer, M.D.



prevent embarrassment of contacts by family or friends, and alert to circumvent the reluctance of some contacts to come to the health department.

A procedure recently evolved permits much-needed international cooperation in venereal disease epidemiology. Where venereal disease patients diagnosed in the United States name contacts residing abroad, multiple epidemiologic forms are forwarded to consular offices of the United States, which in turn transmit the necessary copies to the appropriate health authority. These forms originate in military stations of the United States located here and abroad, in medical facilities of the United States Public Health Service, the Veterans Administration, and the United States Coast Guard, and in state and local health departments. The action taken rests, of course, with the health authority where the alleged contact is reported to reside.

Sufficient copies of the forms are available to inform the consular office concerned and the originating station of the disposition of the case and to provide the investigating health authority with a file copy. Incidentally, the United States Public Health Service is eager to cooperate in investigating persons residing in the United States who have been reported as contacts of venereal disease patients in other countries.

(to be continued)

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Spiritual Health and Development

*Third of a series of chapters from
Preinduction Health and Human Relations,
new curriculum resource for youth leaders
by Roy E. Dickerson and Esther E. Sweeney.*

(continued from October issue)

Human Institutions and Human Beings

If every human being is recognized as being profoundly, individually and separately important, it follows that human institutions are the servants, not the lords, of men. This fundamental of the American way of life is closely related to the moral and spiritual heritage of all Americans. Recognition of this concept in concrete situations affects the moral and spiritual development of each individual.

In totalitarian states, the state itself is supreme, the individual completely subordinate to its needs and demands. The people may be arbitrarily deprived of rights that Americans take for granted . . . the rights to travel freely, to choose one's occupation and place of residence, to gain a fair hearing in the courts, etc.

The fundamental value that holds supreme the inherent worth of every human being has meant recognition of the rights of the individual in this country, sometimes to the disadvantage of the social institution . . . the state.

For example, in time of war the right of the individual conscience is clearly recognized, even though the country needs all possible manpower. Conscientious objectors are given fair opportunities to place their reasons for their position before an appropriate body and to serve the country in ways that conform to the requirements of their consciences.

The Constitution of the United States, the very foundation-stone of the state, was designed to be subject to amendment so that the state might never supersede the rights of the individual. Constant review of the constitutionality of our laws by the Supreme Court is a further protection of the rights of the individual and a further guarantee that our social institutions shall not become the masters of men but shall continue to be subject to them.

All of America's great social institutions—its court systems, state constitutions, school systems, penal systems, publicly supported hospitals—are the responsibility of good citizenship because they have been created to serve men and not the state. It is characteristic of the American way of life that when the people of New Jersey found judicial machinery and other matters of government antiquated and cumbersome, they commissioned citizens to recommend revision of the state constitution.

The majority of members of most school boards, prison boards, hospital boards, etc., in this country are private citizens, not government officials. While most of the great prison reforms and hospital improvements have been strongly urged by the officials of those institutions, vigorous public support of such changes has come about because the American citizen—as part of his tradition¹—is aware of his responsibility for evaluating and where necessary changing social institutions.

Class Discussion

- How does the citizen's responsibility for voting relate to the concept that institutions are the servants of men?
- Why is it a duty of responsible citizenship to become acquainted with proposed new legislation?
- How could domination of the individual by institutions lead to oppression and tyranny?
- Discuss the following quotation in the light of the concept that institutions are the servants of men: "Democracy is talking itself to death. The people do not know what they want; they do not know what is best for them. There is too much foolishness, too much lost motion. I have stopped the talk and the nonsense. I am a man of action. Democracy is beautiful in theory; in practice it is a fallacy. You in America will see that some day." (Benito Mussolini to the late Edwin L. James of the *New York Times*, 1928.)

Common Consent

Man is unique. He is capable of social relations involving cooperation, planning and, frequently, personal sacrifice for the good of the group. Because man can exercise moral responsibility in matters affecting himself and other persons and because he is capable of putting personal interests aside for the good of others, common consent has become one of the cornerstones and guarantees of the American way of life.

One sees the principle of cooperation—of common consent—at work almost every hour of the day. Three men decide to go on a fishing trip. Each has a special place in mind. They might all go separately or might even all stay home if they were unable to arrive at an agreement. Some give-and-take is necessary in order to carry out the original plan . . . that all three should go together to fish in an agreed-upon place.

In family life, cooperation is essential to comfortable, harmonious and constructive living. Whether the question is which style of architecture for a new house, what period for the new living-room furniture or which park for the family's Sunday picnic, mutual consent is necessary.

This does not mean that everyone is necessarily completely satisfied with the outcome of the decision. It means that some members of the group have agreed to what the others want and are mature enough to abide by the results.

In a country of almost 160,000,000 people the principle of majority decision through representative action has been agreed upon. This does not mean that every majority decision is perfect. Nor does it mean that the decision is everlastingly binding on 160,000,000 people.

The 18th amendment to the Constitution was the law of the land. It resulted from majority action. Subsequently the law was repealed . . . by majority action.

A law that is unjust or unsound can be passed by the majority. That law can also be repealed or amended. Both processes—enactment and amendment—and the orderly working out of them involve recognition of the unique nature of man . . . his ability to cooperate and to accept majority action or, when the issues are grave, to work for the change of majority opinion.

The American system of spiritual and moral values, which places major emphasis on the uniqueness of man and on his inherent worth and dignity, resists the idea that violence is necessary to achieve worthwhile ends and stresses the wisdom and *humanness* of common consent.

This does not mean that force may never justifiably be used. When arbitration, negotiation and every reasonable means of obtaining cooperation and maintaining peace fail, force may have to be used. But it must be force tempered by humanity, regulated by law and safeguarded by justice. Thus, in foreign

*We, not
the state,
are the
masters of
our schools,
law courts,
hospitals.*



relations, when aggression cannot be controlled by mutual agreement and common consent, it may be necessary for the United States to wage war.

But when war becomes the last resort, recognition of the fundamental dignity of every human being must still actuate the American soldier . . . as it should actuate all human beings.

In reviewing a case presented during the Japanese war crimes trials, General MacArthur said: "The soldier, be he friend or foe, is charged with the protection of the weak and unarmed. It is the very reason and essence of his being. When he violates this sacred trust, he not only profanes his entire cult but threatens the very fabric of international society. The traditions of fighting men are long and honorable. They are based on the noblest of human traits . . . sacrifice."

Class Discussion

- Here is a statement by the late Supreme Court Justice Brandeis: "Democracy substitutes self-restraint for external restraint. It is more difficult to maintain than to achieve. It demands continuous sacrifice by the individual and more exigent obedience to the moral law than any other form of government." How would you apply this to the following situation: The desire of a mob to kill, without trial, a man caught in the act of a vicious and cruel murder and the responsibilities of law enforcement officers under such circumstances?
- How does Justice Brandeis' statement relate to responsible use of voting power? What should every voter think about and try to learn before casting his ballot for candidates for office, before voting on matters submitted to referendum?
- Suppose a boy is overwhelmingly voted into a class presidency. Several students know of strong reasons why he is not worthy of the honor. Majority opinion has already prevailed. How can the students referred to handle the problem with due regard to morality and to the principle of common consent?
- In the Armed Forces, within the discretion of the officer in charge, some matters may be handled on the basis of common consent. Does this mean that all matters should be decided by poll? How are the Armed Forces themselves an outgrowth of the principle of common consent in this country?
- Why can't the President of the United States declare war on his own initiative?

Devotion to Truth

From the concept of man as a unique, inherently worthy individual capable of exercising moral judgment and of accepting moral responsibility for his acts

arises the spiritual value of devotion to truth. To blind oneself to truth or to evade the moral responsibility of seeking truth and of using judgment and intellect in that search is to fail to realize the maximum integrity of which each individual is capable.

The American way of life encourages the search for truth and knowledge through its traditions of public education, free press and free assembly. Devotion to the highest truths is guaranteed through freedom of worship.

It is for the preservation of these values—so natural to man, so much part and parcel of his makeup as a human being—that this country is in the forefront of efforts to make the UN's Declaration of Human Rights a reality for all peoples everywhere.

To preserve these values from destruction by totalitarian powers this country has instituted its entire program of national preparedness against attack. Essentially, it is for the continued guarantee of the fundamental rights of man—in a world where many of those rights have been abrogated by force and violence—that young men and women are asked to devote a period of their lives to service in the Armed Forces of the United States.

But devotion to truth does not exist in a vacuum. Everyone has a moral obligation to seek truth, to speak truth and to bring together as much fact and opinion as possible in trying to arrive at truth.

A free press

Channels of communication carry a heavy responsibility in informing and influencing people. Simply because it is free, a free press (including radio and TV) can slant news. But the American press, on the whole, adheres to the highest standards of reportorial integrity, recognizing its obligation of being accurate and truthful in news reporting while reserving the editorial and by-lined column as channels of free opinion. In a national political campaign, for example, a newspaper such as the *New York Times* gives equal coverage to both major parties. In so doing, it maintains truly fair standards of journalism. For ignoring one side of a major issue is just as much a case of news-slanting as publishing a biased, inaccurate story.

The intelligent newspaper reader, on his part, has his own criteria of honesty and fairness. Recognizing that he himself may have certain prejudices which color his interpretation, he reads several newspapers and a variety of editorial opinions in his devotion to truth and search for it. And when discussing with others what he has read, he is careful to make clear where he is citing facts and where he is citing opinions and estimates.

Academic freedoms likewise carry responsibilities. The search for information and enlightenment requires discipline of mind and emotion. It also requires some guidance from mature minds. A young person is not forfeiting freedom in his search for truth because he relies to some extent on the wisdom and experience of others.

The young man or woman who seeks historical truth must search for it in the writings of others . . . he can rarely consult source documents themselves.

When seeking ideas on the nature and responsibilities of man, one must depend heavily upon past and present philosophical scholarship. A young person who seeks religious, scientific or economic truth must be guided, even to some extent directed, by the findings of others.

This does not mean that young people should fail to use intellect, judgment and reason in exercising their basic right to seek knowledge with freedom and honesty. The search, however, may be lonely and possibly less fruitful if not accompanied by some reliance on the honesty and wisdom of other people equally devoted to truth.

Probably no other Armed Forces in the world are so deeply interested in the young person's search for truth as our own. The educational emphasis in our Armed Forces is not the result of a desire merely to polish up American youth's intellect. The Armed Forces are committed to the ideal of a thinking, convinced fighting force equipped through both formal and informal education to know the truth and fight for it.



*There's
democracy
in the
majority
decisions
of free
people.*

*In fair play and
good sportsmanship
we recognize
the equality of all.*



Devotion to truth makes other demands on people. What one says, writes or conveys by facial expression or gesture may tell the truth or falsehood. Communication between human beings, in small things or grave, should be honest. Men are not like lower animals, which are unable to live lives of deception because their behavior is so greatly determined by instinct. We can be dishonest . . . but only at the risk of destroying the very meaning of communication.

Both historic accounts of court hearings in totalitarian countries and novels by men such as Arthur Koestler who have lived in those countries demonstrate what can happen between human beings once devotion to truth ceases to be a spiritual value to a government. The big lie is not just a single untruth. It is a systematic sell-out of truth to gain certain ends.

In so-called white lies—the headache used to break an appointment, the other engagement by which a dull invitation is refused, the lack-of-time story to cover a neglected duty—may lie the seeds of greater untruths on other occasions.

Many people are untruthful because they are afraid of consequences of telling the truth. Many tell untruths to ingratiate themselves with people. Other untruths arise from a desire to impress people, to injure people one doesn't like, to cover ignorance and appear to be "in the know." Clearly these reasons stem from immaturity.

In their search for personal growth and development, young people must learn to face the consequences of truth—consequences sometimes painful or uncomfortable—if they are to function in an adult way.

Class Discussion

- What moral responsibilities do editors have in a country where the free press is a basic institution?
- What moral responsibilities do writers have towards a free press?
- Why is public opinion likely to be a stronger controlling factor on such things as salacious or inflammatory literature, motion pictures, etc., than censorship?
- Cite instances of how public opinion created self-censorship in communications. (The motion picture industry's codes; editor's reactions to letters from readers about certain features—columns, comic strips, etc.)
- How do freedoms carry concomitant responsibilities?
- Why are moral and spiritual values important in such studies as contemporary history? Sociology? Homemaking?
- Sometimes people tell untruths "to keep from hurting others." How can one be truthful and yet not hurt others? Discuss in relation to two situations: Jim invites Sally to the junior prom. She has no other invitation but hopes Joe will ask her. In any case, she wouldn't want to go with Jim . . . she doesn't particularly like him. In the second situation, a businessman and his wife have promised to visit friends for the evening. The friends have gone to a lot of trouble preparing for the visit. The husband is tired, worried about business matters, just wants to stay home. He agrees that his wife should go and explain things to their friends.

Respect for Excellence

Since the American way of life is predicated on great spiritual ideals—the essential worth of each individual, his moral responsibility and his consequent obligations to himself and others—it follows that in the American social and educational scheme of things each individual should be assisted towards the maximum development of his mind, character and creativity.

Although human beings, in the words of the Declaration of Independence, are created equal, all are not alike in all things. But this does not mean that anyone in our society is free to classify the people who should or should not receive encouragement and assistance to develop to their utmost. Class distinctions—whether economic, social, religious, racial or ethnic—are inimical to America's spiritual values.

The only distinctions consonant with a democratic society are individual distinctions based on individual behavior, performance and integrity. Even there, it is the moral responsibility of each person and of our whole society to

resist discrimination against any individual and to insure that each receives maximum opportunity to develop his potentials.

Under one set of circumstances, a boy or girl may do poor work in school, misbehave in one way or another or appear indifferent to efforts to reach and assist him. Yet under other conditions the same boy or girl may respond well to educational opportunity, work towards the development of his own character, and work with others for his own and the community's goals.

The classroom cut-up may be using diversionary tactics to draw attention away from his inability to keep up with his work. Without understanding and help from his teachers, parents and perhaps his fellow students, he may resort to even more serious behavior in his efforts to keep his actual difficulties from being recognized. With understanding and help, he could deal more maturely with his real problem . . . by tutoring, by more intensive and better-planned study.

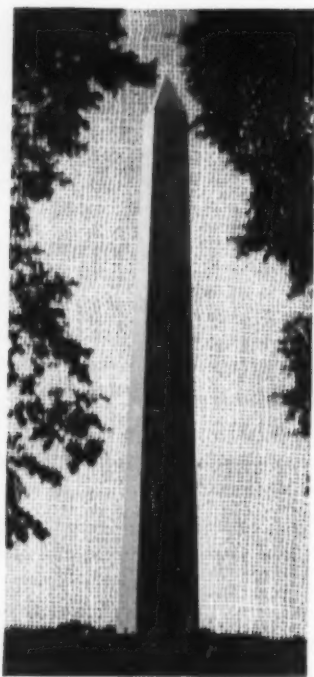
No one who believes in the inherent worth of every human being has the right to regard another as "hopeless" or unreachable.

While protection of the individual and the community requires separating from society people who violate the law, our entire judicial and penal system is predicated on the fact that human beings can and do change and that they can realize themselves productively and be valuable to the world even in prisons or other penal institutions. From prisons have come such contributions to society as prisoners' offering themselves as human guinea pigs for medical research programs; creative gifts such as the stories of O. Henry; inventions such as those of David Marshall Williams, who gave the U. S. Army the "short stroke" and movable-chamber principles for its carbine.

Only a penal system recognizing the inherent worth of every individual (even an errant one) could have nurtured such contributions to society.



*Without discrimination as
to race, creed or sex.*



*American traditions . . .
public education,
free press, freedom
of worship . . .
in these we reveal
our devotion to truth.*

The ideals of individual worth and respect for individual excellence mean that neither money, ancestry, positions of authority and power nor other accidental circumstances create excellence. Youth's effort to achieve excellence of mind, character and creativity is therefore worthwhile, for it is through such efforts that man is most distinctly human and most completely living in terms of his own human nature.

Whether all such efforts receive recognition and praise or whether excellence itself will always be known to other people and encouraged by them will depend on a variety of circumstances. No one can predict.

But the difference between functioning to one's utmost and functioning merely for recognition and prestige is the difference between living in spiritual and moral terms and living for selfish ambition alone. The long nights Abraham Lincoln spent in a draughty, ill-lit cabin seeking knowledge and truth were not aimed at the presidency. They were aimed at self-realization . . . at excellence. What followed was the result of both his preparation and the circumstances of his times.

Today's young people will make tomorrow's decisions. They will vote for men and measures that will either provide or withhold opportunities for people to develop their maximum excellence in mind, character and creative ability.

The United States is still a growing, developing country. All the opportunities for self-realization have not yet been provided for every individual in this nation at the level of each person's capacities. But the spiritual concepts on which the nation was founded are real. They can be made to work more and more consistently for our national goals if our citizens are equal to the effort to reach those goals.

The student of today knows that for himself and for many of his classmates the road to higher learning is not altogether wide-open and easy. He also knows, though, that there is more educational opportunity available to him than there was to his grandfather. Best of all, the student of today knows that in a free democracy initiative and persistence will open doors in business, industry, the professions and trades . . . doors that might be forever closed to him in many other countries.

Because notions of a caste system are inimical to democracy, youth can readily realize that intellectual attainment is not the only kind of attainment worthy of honor in our society. An intellectual aristocracy—or any other kind—is a danger to our very moral and spiritual heritage itself. Worth, dignity, honor, idealism and achievement of the best of which one is capable are still and always will be more highly regarded in the American way of life than mere wealth, intellectual attainment, ancestry or political importance.

Class Discussion

- Why are motion pictures about pioneer life in America, exploration and invention so popular in this country?
- Is a college education essential to a full and successful life?
- Name some of the influences in the lives of young people that tend to develop character. Name some of the experiences that develop character, if used with maturity.
- Theophrastus, a Greek philosopher, said, "Why is it that while all Greece lies under the same sky and all Greeks are educated alike, it has befallen us to have characters so variously constituted?" How would you answer that question?
- Name some great men and women in this or any other country who achieved self-realization and contributed to the welfare of others despite poverty, limited education, personal illness or other difficulties.

BOOK NOTES

by Elizabeth B. McQuaid

Marriage, Morals and Sex in America, by Sidney Ditzion. New York, Bookman, 1953. 440p. \$4.50.

An historical review of ideas—sweeping from the pen battles of the 18th century to the findings of Kinsey and the production of the films "Human Growth" and "Human Beginnings" within the last half-decade—this is an effort to document the proposition that sexual-social problems are indivisible and that social reform movements are always interrelated with sex reform.

Some historians may question the selection of materials used to document these theses and may question the distortion given various reform movements and religious sects by examining them from the sexual facet.

However, in addition to a very detailed presentation of the role of letters, press, pulpit and public lectures in the feminist movement of the 18th and 19th centuries, the book also gives a much-needed historical and social context for the family life education of the 20th century.

For the family life educator whose history goes back only as far as the initiation of the Groves' course in 1926 and Popenoe's American Institute of Family Relations in 1930, or Judge Lindsey and Philosopher Russell's writings in 1925 and 1929, Ditzion's work provides a framework for many of the trends and statistics of contemporary family life education and makes many of the problems appear not so contemporary nor new.

Clark E. Vincent, Ph.D.
University of California

Illustrated Guide to Sex Happiness in Marriage, by Lucia Radl, M.D. New York, Greenberg, 1952. 112p. \$1.75.

This little book, well written and most completely illustrated, is a lucid presentation of much-needed factual information for exactly the purpose the author claims. It will be of value to the young married couple and to those approaching marriage because of its realistic, non-emotional presentation of dependable facts and situations they will meet. It should prove a very great help to marriage counselors with its direct, sensible and reassuring approach to their problems.

G. G. Wetherill, M.D.
San Diego City Schools

The Control of Communicable Diseases, by Hugh Paul, M.D., D.P.H.
London, Harvey and Blythe, and New York, deGraff, 1952. 526p.
\$9.50.

The chapter on venereal disease control is the only portion of this book which might be of interest to the student of social hygiene, but we find in it little of practical value. In the limited section on the control of venereal diseases one misses a forthright, organized discussion of the activities necessary to carry out an effective program. One sentence is devoted to contact investigation. The material presented may give the inexperienced some misleading impressions and even contains outright inaccuracies. For example, Dr. Paul states that in syphilis "spontaneous cure does not occur" and that treatment is compulsory in the United States.

There are also important omissions. The author makes no mention whatever of darkfield and cerebrospinal fluid examinations in the diagnosis of syphilis, nor does his comment on the treponemal immobilization test contain reference to the potential significance of this test in specifically detecting latent syphilis and false positive reagin tests. The devastation of late cardiovascular complications of syphilis is nowhere included.

The reader benefits little from the author's inept statements and ends the chapter without positive attitudes on methodology in venereal disease control.

Adele C. Shepard, M.D., M.P.H.
New Jersey State Department of Health

Sex and Marriage, by Havelock Ellis. New York, Random House, 1952.
219p. \$3.00.

The name of Havelock Ellis is a landmark in the history of social hygiene, but much of his important work was done more than a half century ago. Inevitably, his significance is now largely historical. This book is made up of essays and to a large extent book reviews published during the later years of his life or written prior to his death in 1939. It is hardly necessary to say that they are dated.

It is not very high commendation of a book to say that it leaves in the reader's mind a vivid impression of the great advances made in the subject since the book was written! But students of social hygiene cannot avoid getting such an impression, while at the same time they renew their admiration for the author's graceful literary style and the humanism which inspired him.

Paul Popenoe
American Institute of Family Relations

Modern Concepts of Communicable Disease, by Morris Greenberg, M.D., and Anna V. Matz. New York, Putnam, 1953. 553p. \$6.20.

The chapter on venereal diseases is succinct in its presentation and broad in its scope. Readers should realize, however, that the therapeutic effectiveness of the most recently manufactured penicillin preparations, plus accumulated current knowledge of their effectiveness, have altered treatment schedules considerably since the publication of this book.

However, the material on the fundamental relationship between the nursing management and the medical aspects of the control of venereal disease is especially valuable to nurses, students and general practitioners. The result is a clear-cut, panoramic view of our present-day concept of venereal disease control.

John William Lentz, M.D.
Philadelphia Department of Public Health

The Mystery of Love and Marriage, by Derrick Sherwin Bailey. New York, Harper, 1953. 136p. \$2.00.

This scholarly, theological review of biblical and church history concerns getting married, being married, or getting separated and getting married again. The thesis is "one flesh" *henosis*, the harmonious union of a man and a woman.

The biblical *eros*, *philia* and *agape* loves as they become complementary in the marriage relationship provide the setting for a discussion of the significance of sexual intercourse. The combination of the three kinds of love reaches the superlative in this union in "one flesh."

Although the author is an Anglican, his theological and scriptural considerations include varieties of interpretation made throughout the history of the Christian church. It is only in appendix II that the Anglican position regarding divorce rather colors the interpretation of some biblical passages.

This is a compact volume that is much needed by theologians, physicians and social workers, but anyone can read it and forever be freed from any hesitancy or feeling of shame in dealing with this subject, as the author's view of the God-intended pattern of human unity expressed in sex relations becomes clear.

Rev. Fred G. Scherer
Salem, Ore.

Babies Need Fathers Too, by Rhoda Kellogg. New York, Comet Press, 1953. 256p. \$3.50.

This book attempts to fill a very large void in the literature on child-rearing. It discusses the place and function of the father in the family, in contrast to the usual emphasis on the mother-child relationship that has failed too often to heighten our awareness of the father's importance.

Of the 19 chapters, four chapters discuss the father or the family, while the rest discuss the child's stages of development and his needs in relation to important experiences. The book therefore is again mostly related to child development—no doubt an important focus—even though the title seems to emphasize the role of the father.

It is written with a good deal of common sense, and is no doubt based on vast experience. It avoids professional jargon, tries to define very simple concepts, and in my opinion does this too much; e.g., in defining a nursery school.

I miss in the book an understanding of the role of the father in our culture—what we expect from the man as the head of the family group—and the cultural values he represents, often outside his own free decision. I also miss a discussion of the marital relationship, and I hope in the future it won't be necessary to write books which speak about "mother" or "father," but which speak rather about the "parents." The role of the father is not understood, unless one knows his role as a husband, because his love for his wife or his discontent will reflect itself in his relationship to his children. When we speak about the family, we cannot discuss one single member without discussing the whole family group.

I am sure this is a book many mothers will want to give their husbands, and so it will fulfill its intentions.

Peter B. Neubauer, M.D.
Council Child Development Center

Management of Chancroid, Granuloma Inguinale, Lymphogranuloma Venereum in General Practice, by Robert B. Greenblatt, M.D., and others. Washington, D. C., Division of Venereal Disease, U. S. Public Health Service, 1953. 2nd ed. 66p. 30¢.

This booklet, of special interest to venereologists, covers each of the diseases of its title in turn, with particular reference to their etiology, incubation period, epidemiology, clinical signs and symptoms, clinical course, diagnosis and treatment. A final chapter on differential diagnosis and a bibliography complete the treatise, available from the U. S. Government Printing Office.

Problems of the Family, by Fowler V. Harper. Indianapolis, Bobbs-Merrill, 1952. 806p. \$9.00.

The author, a professor of law who teaches the course in domestic relations at Yale University Law School, uses court decisions, social case work reports, text notes and readings from the literature of anthropology, sociology and psychiatry to show the legal, social and psychological aspects of family problems. His purpose is to give information about the causes of family breakdown, preventive measures available, and agencies and specialists that treat family problems.

An excellent reference book, it is encyclopedic in scope and equipped with glossary, workable index and extensive bibliography, especially suitable for clergymen, doctors, lawyers, teachers, family life counselors, social workers.

Beginning with a history of family organizations from primitive society to the present, the book covers premarital problems and relationships, creation of the marriage relationship, problems of marital adjustment, and family disorganization . . . the last including direct treatment techniques, the socio-psychological treatment of domestic discord and a study of 250 successful families, followed by proposals for full-fledged reform in our divorce laws.

William J. Petrus
American Social Hygiene Association

Whom God Hath Joined, by David R. Mace. Philadelphia, Westminster, 1953. 93p. \$1.50.

Dr. David Mace, known widely for his distinguished leadership of the National Marriage Guidance Council of England, is now professor of human relations at Drew University. In *Whom God Hath Joined* he suggests four weeks of daily meditations on the Christian meaning of marriage.

While written principally for couples recently married to be used by them in deepening their love and understanding of each other and of their marriage, the book contains many profound insights which are certain to prove inspiring to all married Christians.

Ministers, leaders of youth groups, and parents will find careful reading of the book well worth while.

Richard E. Lentz
National Council of the Churches of Christ

Marriage, by Earl Lomon Koos. New York, Henry Holt, 1953. 441p. \$5.50.

It is to be expected that a book representing a complete rewriting of Professor Ernest R. Groves' first text in marriage education and an attempt to perpetuate Groves' point of view supplemented with newer insights provided by the experience of many instructors and the research findings of the past two decades would be an improvement over the original. Koos' book is that.

It is addressed to the student who expects some day to marry. It contains much to provoke thought and does not pretend to give all the answers. Koos' long experience in teaching and counseling serves as an effective screen for the inclusion of material that students consider pertinent and the exclusion of that which is remote from their needs and interests.

Throughout the book it is apparent that the author realizes that students must make value judgments relative to marriage and marriage preparation and that therefore they need more than an objective and statistical analysis of what is happening to marriage today. Topics such as premarital and marital sexual adjustment, abortion, contraception, mate selection are discussed with balance and perspective.

The style of the book is interesting and simple but not elementary. It is enlivened with quotations from case studies and numerous illustrations. It contains an up-to-date bibliography, a list of audio-visual materials, and many suggestions for student investigation and social drama.

Henry Bowman
Stephens College

Sexual Harmony in Marriage, by Oliver M. Butterfield. New York, Emerson, 1953. 96p. \$1.50.

To the degree that there is a genuine need for a clear, frank presentation of the nature and significance of sex in marriage Dr. Butterfield's book, much of which appeared in his *Marriage and Sexual Harmony*, remains a valuable contribution. Of special import is the introduction by Dr. Nadina Kavinoky in which the patterning of sex behavior is stressed as a means of strengthening affectional bonds.

The discussion of sex techniques is factual and remarkably complete in view of the brevity of the text. However, in these post-Kinsey days an increased desire to evaluate sex as a form of emotional communication in marriage seems to have superseded the former curiosity concerning the mechanics of sex.

Bertha G. Gold
Hunter College

Syphilitic Optic Atrophy, by Walter L. Bruetsch, M.D. Springfield, Ill., Thomas, 1953. 138p. \$5.50.

The author, clinical professor of neurology and psychiatry at Indiana University School of Medicine, director of research at the Central State Hospital in Indianapolis and a leading authority on the pathology of neurosyphilis, describes the changes in the ocular mechanism which cause syphilitic optic atrophy and shows how this condition (which accounts for 30,000 cases of blindness in the United States) can be prevented in the vast number of persons who now have syphilis.

His monograph, beautifully printed and illustrated, lucid, concise and practical, is an important contribution to modern knowledge of the pathology, diagnosis and treatment of syphilis. His research was aided by grants from the American Social Hygiene Association and the National Society for the Prevention of Blindness.

Charles Walter Clarke, M.D.
Executive Director Emeritus
American Social Hygiene Association

Building a Successful Marriage, by Judson T. and Mary G. Landis. New York, Prentice-Hall, 1948, 1953. Rev. 564p. \$5.25.

In the second edition of this well-known college text the authors have succeeded admirably in presenting "in readable form the scientific knowledge that exists about mate selection, courtship and the adjustment problems of marriage."

This edition follows the general plan and scope of the first one. Certain chapters, however, dealing with the special problems of young people have been revised to comply with recent research and current social trends on mixed marriages, premarital sex relations, in-laws and marriage adjustment, and sex education of children. Two new chapters shed further light on the changing sex role and marriage under special circumstances.

With statistics and facts carefully documented, the text is simply written, direct and objective, to be recommended to all young people approaching marriage. Teachers of marriage courses will find most helpful the review questions and selected readings, suggested problems and activities, film lists, socio-dramas and good index.

Elizabeth McHose
Temple University

Personality in the Making, edited by Helen Leland Witmer and Ruth Kotinsky. New York, Harper, 1952. 454p. \$4.50.

This book, the official fact-finding report of the Midcentury White House Conference on Children and Youth, summarizes findings of interest to all who work with children—parents, community leaders and social workers.

Its two parts, *The Development of the Healthy Personality* and *The Implications for the Conduct of Social Institutions*, contain chapters on the making of a healthy personality, the importance of parent-child relations, and the family. The book asserts that parents' attitudes toward their children determine children's health and personality more than do techniques of child-rearing.

The discussion of education for family life in the schools emphasizes that adequate programs are cross-sections of many subject-matter fields related to the real-life experiences of real people. The report urges that curricula be developed by parents, pupils and teachers; points to the need for deciding who teaches what, for curriculum building and integration, and for adequate family living programs for boys; and reports a slow but definite trend toward homemaking instruction for boys.

When Children Start Dating, by Edith G. Neisser. A Better Living Booklet. Chicago, Science Research Associates, 1951. 49p. 40¢.

If adults are to understand the difficulties of youthful dating, minimize heart-break potentialities and further youthful adjustment, they must realize the significance of boy-girl friendships to teen-age social and emotional growth.

The various steps forward in learning to love—from infancy to adolescence—are traced, and they will be steps *forward* if they are handled wisely. Parents must try to build up a child's self-confidence, for before he can like someone else he must like himself, before he can appreciate a person of the opposite sex he must enjoy being a member of his own sex. Dating popularity is evidence to the teen-ager that he is succeeding in a competitive world, proof that he is liked.

In helping boys and girls to meet each other, the family, school and community groups should invite teen-age leaders to assist in planning activities. Such disadvantages to youthful dating as going steady and petting can be overcome to some extent by positive emphasis on group activities, and much more can be accomplished through discussion than through edict.

THE LAST WORD



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